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CONFIRMATION NO. 2977

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| SERIAL NUMBER<br>10/791,075 | FILING OR 371(c)<br>DATE<br>03/01/2004<br>RULE | CLASS<br>604<br>172144 | GROUP ART UNIT<br>3761 | ATTORNEY DOCKET NO.<br>212/560 |
|-----------------------------|--|------------------------|------------------------|--------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none* *as of Oct 04*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/22/2004

\*\* SMALL ENTITY \*\*

|  |                        |                     |                    |                         |
|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>5 | TOTAL CLAIMS<br>23 | INDEPENDENT CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Initials               |                     |                    |                         |
| Verified and Acknowledged <i>[Signature]</i>   |                        |                     |                    |                         |

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## TITLE

Method and apparatus for removal of gas bubbles from blood

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|----------------------------|---|---|
| FILING FEE RECEIVED<br>895 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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